

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101 588404 8-3-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1			1	
4		1			1	
5	1		1			
6		1			1	
7		1		1		
8	1		1			
9		1			1	
10		1			1	
11		1			1	
12	1		1			
13		1			1	
14		1			1	
15	4				1	
16	4				1	
17	3				1	
18	3				1	
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TOTAL IND.				4		
TOTAL DEP.				14		
TOTAL CLAIMS				18		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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